FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

SEB Mall Processing Section

FORM D

SEPTE LUCIO

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, DC SECTION 4(6), AND/OR 101 UNIFORM LIMITED OFFERING EXEMPTION

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OMB Numb		3235-	
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hours per re	-		16.00

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DATE RE	CEIVED
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6 Type of Filing: New Filing Amendment	ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
	08059651
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
Keowee Investment Properties, LLC Address of Executive Offices (Number and Street, City, State, Zip Code)	Tolomboro Number (tooluding Asso Code)
183 Faris Circle, Greenville, SC 29605	Telephone Number (Including Area Code) 864-430-5166
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Real Estate Investment and Development	✓ PROCESSED
	please specify)SEP 1 2 2008
Month Year Actual or Estimated Date of Incorporation or Organization: OB OB Actual Esti Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Stat CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering	·
and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manual photocopies of the manually signed copy or bear typed or printed signatures.	lly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only rep thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim f accompany this form. This notice shall be filed in the appropriate states in accordance with state law this notice and must be completed.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unlifiling of a federal notice.	exemption. Conversely, failure to file the less such exemption is predictated on the

Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class. Each executive officer and director of corporate issuers and of corporate general and managing partners of partners. Each general and managing partner of partnership issuers. Beneficial Owner	
Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a clas Each executive officer and director of corporate issuers and of corporate general and managing partners of partners. Each general and managing partner of partnership issuers. Each general and managing partner of partnership issuers. Each general and managing partner of partnership issuers. Each general and managing partners of partnership issuers. Each general and managing partner of partnership issuers. Each general and managing partners of partnership issuers. Each general and	rship issuers; and General and/or
Each executive officer and director of corporate issuers and of corporate general and managing partners of partners. Each general and managing partner of partnership issuers. Executive Officer	rship issuers; and General and/or
Each general and managing partner of partnership issuers. ck Box(es) that Apply:	General and/or
Name (Last name first, if individual) Name (Springs Group, LLC iness or Residence Address (Number and Street, City, State, Zip Code) 3 Faris Circle, Greenville, SC 29605 ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Name (Last name first, if individual) addley E. Bylenga iness or Residence Address (Number and Street, City, State, Zip Code) _awson Way, Greenville, SC 29605 ck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Name (Last name first, if individual)	
Name (Last name first, if individual) Dowee Springs Group, LLC Iness or Residence Address (Number and Street, City, State, Zip Code) 3 Faris Circle, Greenville, SC 29605 Tok Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director I Name (Last name first, if individual) addley E. Bylenga Siness or Residence Address (Number and Street, City, State, Zip Code) Lawson Way, Greenville, SC 29605 ack Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director I Name (Last name first, if individual)	
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Promoter Promoter Peneticial Owner Executive Officer Director Dire	
adley E. Bylenga siness or Residence Address (Number and Street, City, State, Zip Code) Lawson Way, Greenville, SC 29605 eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
siness or Residence Address (Number and Street, City, State, Zip Code) Lawson Way, Greenville, SC 29605 eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	***
Lawson Way, Greenville, SC 29605 eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Il Name (Last name first, if individual)	
eck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director II Name (Last name first, if individual)	
	General and/or Managing Partner
isiness or Residence Address (Number and Street, City, State, Zip Code)	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ill Name (Last name first, if individual)	
usiness or Residence Address (Number and Street, City, State, Zip Code)	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual)	
susiness or Residence Address (Number and Street, City, State, Zip Code)	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual)	<u>.</u>
Susiness or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	

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	·						1*. 1.1		station is 600 and a		. <u>-</u>	Yes	No
1.	Has the is	ssuer sold	, or does the								•••••	Ľ	
•	What is t	he minim	ım investm			Appendix,		_				c 500	,000.000
2. What is the minimum investment that will be accepted from any individual?										Yes	No		
3.	B. Does the offering permit joint ownership of a single unit?												
4.	Enter the	informati	on requeste	d for each	person w	ho has been	n or will b	paid or g	iven, direc	tly or indi	rectly, any		
	If a perso	ion or simi n to be list	lar remuner ed is an ass	ation for so ociated per	son or age	of purchase nt of a brok	rs in conne er or dealer	ction with s registered	sales of sec with the SI	urities in th EC and/or v	ie oriering. with a state		
	or states.	list the na	me of the br	oker or de	aler. If mo	re than five	(5) person	s to be liste	d are assoc	iated perso	ons of such		•
Full			irst, if indi			on for that	oroker or c	eater only.	•				
Full	Manie (r	asi name	.431, 11 11101	vidual)									
Bus	iness or R	Lesidence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)						
			<u> </u>	.1									
Nan	ne of Asso	ociated Br	oker or Dea	HEL									
Stat	es in Whi	ch Person	Listed Has	Solicited	or Intends	to Solicit F	urchasers	· ··· <u>·</u> , ,	 -				
	(Check "	'All States	" or check	individual	States)			***************************************				☐ All	States
	AL	AK	ΑZ	AR	CA	CO	CT	DE	(DC)	FL	(GA)	HI	[ID]
		IN	[A]	KS	KY	LA	ME	MD	MA	ML	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK)	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
Full	l Name (L	ast name	first, if indi	ividual)					. -				
												~~···	
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	ociated B	oker or De	aler	···	· 			<u> </u>				
Sta			Listed Has										l Caran
	(Check	"All State:	s" or check	individual	States)	***************************************		*************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			∐ Ai	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID .
		[N	(JA)	KS	KY	LA	ME	MD	MA	MI	MN OK	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	WI	OR WY	PA PR
_													
Ful	ll Name (Last name	first, if ind	ividual)						•			
Bu	siness or	Residence	e Address (Number ar	d Street, C	City, State,	Zip Code)		<u>-</u>				
_						-							
Na	me of Ass	sociated B	roker or De	aler									
Sta	ites in Wh	nich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchaser	i	·				
	(Check	"All State	s" or check	individua	l States)		***************************************	***		****************		. 🗌 А	II States
	AL	AK	AZ	ĀR	CA	CO	[CT]	DE	DC	FL	GA	Hi	[ID]
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	[N]	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	(SC)	SD	(TN	TX	UT	\overline{VT}	∇A	WA	W٧	WI	WY	PR

COPPERING PRICE NUMBER OF INVESTORS TEXT ENSEMBLE (SECONTROLLEDS - 32

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\) and indicate in the columns below the amounts of the securities offered for exchange and		
	already exchanged.	Aggregate	Amount Aiready
	Type of Security	Offering Price	Sold
	Debt		s
	Equity	s_6,000,000.00	\$_6,000,000.00
	Common Preferred		
	Convertible Securities (including warrants)	s	s
	Partnership Interests	s	\$
	Other (Specify)	s	\$
	Total	s 6,000,000.00	5 6,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 6,000,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		S
	Answer also in Appendix. Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		s
	Regulation A		s
	Rule 504		\$
	Total		\$ 0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s
	Printing and Engraving Costs		s
	Legal Fees		s
	Accounting Fees] S
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)] s
	Other Expenses (identify)		s
	Total		\$_0.00

	C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND USE OF PROC	EEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C and total expenses furnished in response to Part C — Question 4.a. This difference is the proceeds to the issuer."	'adjusted gross		\$6,000,000.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed each of the purposes shown. If the amount for any purpose is not known, furnish ar check the box to the left of the estimate. The total of the payments listed must equal the proceeds to the issuer set forth in response to Part C — Question 4.b above.	n estimate and		
		Di	yments to Officers. rectors, & ffiliates	Payments to Others
	Salaries and fees	S_		. s
	Purchase of real estate	S_		<u>s_6,000,000.00</u>
	Purchase, rental or leasing and installation of machinery and equipment	<u> </u>		s
	Construction or leasing of plant buildings and facilities	<u> </u>		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)			□ s
	Repayment of indebtedness			_
	Working capital			_
	Other (specify):			-
				\$
	Column Totals	s_ <u>·</u>	0.00	s6,000,000.00
	Total Payments Listed (column totals added)		_ s <u>_6,</u>	000,000,000
	D. FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person mature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exc information furnished by the issuer to any non-accredited investor pursuant to paragr	hange comphission,	upon writte	
Iss	uer (Print or Type) Signatur	Date		
	eowee Investment Properties	8/29	/2008	
Na	nme of Signer (Print or Type) Title of Signer (Print or Type)			
Gre	egory A. Saad Manager .			

- ATTENTION -----

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

To the Land	ie state signature	3-3-7	4.24
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No E
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239.500) at such times as required by state law.	iled a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informatissuer to offerees.	ion furn	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entimited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	er has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha horized person.	If by the	undersigned
ssuer (l	Print or Type) Signatura Date		
<eowee< td=""><td>Investment Properties 8/29/2008</td><td></td><td></td></eowee<>	Investment Properties 8/29/2008		
Name (F	Print or Type) Title (Print or Type)		

Instruction:

Gregory A. Saad

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	一个森。	nga.			HENDAG			The state of	Jajon 19.
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price estors in State		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL				-					
AK									
ΑZ									
AR									
CA									
СО									
ст									
DE									
DC									
FL		×	LLC Int. \$6MM	1	\$500,000.00				×
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MN			-	-					
MS									

in a profession of	7-12-2			V. S. Alle	KIDBO			A STATE OF THE STA		
1	Intend to non-a investor	i to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)			of security aggregate ing price d in state Disqualific under State (if yes, att explanation waiver grave			attach attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	Ņo	
МО						· · · ·				
MT										
NE										
NV										
NH						· .				
NJ										
NM									Γ	
NY										
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OR		<u> </u>						<u> </u>		
PA								<u> </u>		
RI								1		
sc		×	LLC Int. \$6MM	3	\$5,500,000.				×	
SD					· ·	-	-			
TN	<u> </u>							Ц	.	
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UT			-						<u> </u>	
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WA		 				<u> </u>	-	1		
WV			_						<u> </u>	
WI										

1	to non-a	I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				amount purchased in State				ification ate ULOE attach ation of granted) -Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No				
WY													
PR													

END